

2018-349

PRINTED: 07/06/2018  
FORM APPROVED

## State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012699	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/22/2018
NAME OF PROVIDER OR SUPPLIER  BHC FAIRFAX HOSPITAL NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE  916 PACIFIC AVE FL 7 EVERETT, WA 98201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p><b>INITIAL COMMENTS</b></p> <p><b>STATE LICENSING SURVEY</b></p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 WAC Private Psychiatric and Alcoholism Hospitals, conducted this health and safety survey.</p> <p>Onsite dates: 06/18/18 to 06/22/18</p> <p>Examination number: 2018-349</p> <p>The survey was conducted by:</p> <p>Surveyor #6 Surveyor #8</p> <p>The Washington Fire Protection Bureau conducted the fire life safety inspection.</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following:</p> <p>The regulation number and/or the tag number;</p> <p>HOW the deficiency will be corrected;</p> <p>WHO is responsible for making the correction;</p> <p>WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and</p> <p>WHEN the correction will be completed.</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by 07/18/18.</p> <p>4. Return the ORIGINAL REPORTS with the required signatures.</p>	
L 680	322-100.1A INFECT CONTROL-P&P	L 690		
WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (a) Written policies and procedures describing:				

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



COO

STATE FORM

826

KMTF11

TITLE

(X6) DATE

If continuation sheet 1 of 13

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012699	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/22/2018
NAME OF PROVIDER OR SUPPLIER  BHC FAIRFAX HOSPITAL NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE  916 PACIFIC AVE F17 EVERETT, WA 98201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 690	<p>Continued From page 1</p> <p>(i) Types of surveillance used to monitor rates of nosocomial infections; (ii) Systems to collect and analyze data; and (iii) Activities to prevent and control infections; This Washington Administrative Code is not met as evidenced by:</p> <p><b>ITEM #1 - Removal of trash when cleaning patient rooms</b></p> <p>Based on observation, interview, and document review, the hospital failed to ensure staff implemented policies to prevent and control infections when cleaning patient rooms.</p> <p>Failure to implement methods of infection control when cleaning patient rooms places patients and staff at risk of exposure to infectious organisms.</p> <p><b>Findings Included:</b></p> <p>1. Document review of the hospital's environmental services contractor's policy titled, "Discharge Room Cleaning," dated 02/13, showed that staff are to remove trash before cleaning the room.</p> <p>Document review of the hospital's environmental services contractor's policy titled, "Cleaning an Occupied Room (EVS)," dated 02/13, showed that staff are to remove large waste and empty container before other room cleaning tasks.</p> <p>2. On 06/18/18 from 2:35 PM to 3:15 PM, the nurse manager (Staff #601) and Surveyor #6 observed a discharge cleaning of patient room 714. The housekeeper (Staff #602), disinfected the inside of a garbage bin without removing the trash that was in it. Staff #602 did not remove the</p>	L 690		

State Form 2567

STATE FORM

5000

KMTP11

If continuation sheet 2 of 13

*RLH*

## State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012699	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/22/2018
NAME OF PROVIDER OR SUPPLIER  BHC FAIRFAX HOSPITAL NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE  918 PACIFIC AVE F17 EVERETT, WA 98201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 690	<p>Continued From page 2</p> <p>trash at any time during the discharge cleaning process.</p> <p>3. At the time of the observation, Surveyor #6 interviewed Staff #602 about cleaning the garbage bin while trash remained in the bin. Staff #602 stated that the trash would be emptied later in the day.</p> <p>4. Surveyor #6 confirmed the findings with the nurse manager (Staff #601) at the time of the observation.</p> <p><b>ITEM #2 - Hand hygiene before replenishing supplies</b></p> <p>Based on observation, Interview, and document review, the hospital failed to ensure staff performed hand hygiene when replenishing supplies in patient rooms.</p> <p>Failure to perform hand hygiene when replenishing supplies in patient rooms places patients and staff at risk of exposure to infectious organisms.</p> <p>Findings included:</p> <p>1. Document review of the hospital's environmental services contractor's policy titled, "Discharge Room Cleaning," dated 02/13, showed that staff are to perform hand-hygiene prior to replenishing supplies.</p> <p>2. On 06/18/18 from 2:35 PM to 3:15 PM, the nurse manager (Staff #601) and Surveyor #6 observed a discharge cleaning of patient room 714. The housekeeper (Staff #602), wore gloves while cleaning the patient bathroom. She did not remove the gloves or perform hand hygiene</p>	L 690		

State Form 2567  
STATE FORM

6000

KMTP11

If continuation sheet 3 of 13

**State of Washington**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012699	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/22/2018
NAME OF PROVIDER OR SUPPLIER  BHC FAIRFAX HOSPITAL NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE  916 PACIFIC AVE FL 7 EVERETT, WA 98201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 690	<p>Continued From page 3</p> <p>before replenishing the supply of paper towels and toilet paper.</p> <p>3. At the time of the observation, Surveyor #6 confirmed the findings with Staff #601 and Staff #602.</p>	L 690		
L1255	<p>322-200.3D RECORDS-TREATMENT PLAN</p> <p>WAC 246-322-200 Clinical Records. (3) The licensee shall ensure prompt entry and filing of the following data into the clinical record for each period a patient receives inpatient or outpatient services: (d) Comprehensive treatment plan; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation, interview and review of medical records, the hospital failed to ensure staff members developed and implemented individualized plans of care for 2 of 4 patient records reviewed (Patients #803 and #804).</p> <p>Failure to develop and maintain an updated plan of care puts the patient at risk for delayed care and/or harm due to staff being unaware of patient needs.</p> <p>Findings included:</p> <p>1. Review of the hospital's policy titled, "Treatment Planning," Policy #1000.81, revised 5/18, showed that the interdisciplinary master treatment plan [care plan] includes psychiatric and medical problems. The attending psychiatrist will complete the psychiatric diagnosis and problem areas of the treatment plan within 24</p>	L1255		

State Form 2567

STATE FORM

0899

KMTP11

If continuation sheet 4 of 13

*[Signature]*

## State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012699	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/22/2018
NAME OF PROVIDER OR SUPPLIER  BHC FAIRFAX HOSPITAL NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE  916 PACIFIC AVE FL 7 EVERETT, WA 98201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1255	<p>Continued From page 4</p> <p>hours of admission. The primary care provider will complete the the medical diagnosis and medical problem area of the treatment plan within 24 hours of admission.</p> <p>2. Document review of the medical record for Patient #804, admitted 05/20/18 for bipolar depression, anxiety and suicidal ideation, showed the following:</p> <ul style="list-style-type: none"> <li>a. Nursing Progress notes dated from 06/06/18 to 06/21/18 showed patient complaints of tooth pain.</li> <li>b. A Psychiatric Progress note dated 06/19 showed patient report of tooth pain.</li> <li>c. The infection control physician's (Staff #801) consult showed that the physician recommended Anbesol for the patient's tooth pain.</li> <li>d. The interdisciplinary treatment plan, completed 5/20/18, listed asthma as the only medical problem. The facility failed to include the patient's tooth pain as part of the treatment plan.</li> </ul> <p>3. On 06/21/18 at 08:30 AM, Surveyor #8 reviewed the record for Patient #803, admitted 06/09/18 for psychosis and bipolar disorder. The progress notes dated from 06/09/18 to 06/14/18 showed the patient was admitted with a physical complaint of back pain. Document review of Patient #803's medical record showed that there was no evidence that the patient's back pain was included as part of the treatment plan.</p> <p>4. On 6/21/18 at 10:00 AM, during an interview between Surveyor #8 and the RN risk manager (Staff #804), the RN risk manager confirmed the above findings.</p>	L1255		

State Form 2567  
STATE FORM

5000

KMTP11

If continuation sheet 5 of 13



**State of Washington**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012699	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/22/2018
NAME OF PROVIDER OR SUPPLIER  BHC FAIRFAX HOSPITAL NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE  916 PACIFIC AVE FL 7 EVERETT, WA 98201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1305	<p><b>322-200.4A RECORDS-DATE</b></p> <p>WAC 246-322-200 Clinical Records. (4) The licensee shall ensure each entry includes: (a) Date; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on record review, interview, and review of hospital policies and procedures, the hospital failed to ensure that all medical record entries were dated for 2 of 4 records reviewed (Patients #802, #804).</p> <p>Failure to develop and maintain accurately dated medical record entries risks misinterpretation of information.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Review of the hospital's policy titled, "Charting Requirements," Policy #1000.87, revised 5/18, showed that the charting requirements for each chart note is to be signed, dated, and timed.</li> <li>2. On 06/21/18 at 09:30 AM, Surveyor #8 reviewed the record for Patient #802, a 45 year old admitted 06/14/18 for schizoaffective disorder and symptoms of psychotic episodes. Surveyor #8 noted the following: <ul style="list-style-type: none"> <li>a. The progress notes were present without a date of the professional staff's signature.</li> <li>b. The restraint and seclusion pages were documented without a date of the professional staff's signature.</li> <li>c. The consent for medical treatment was documented without a date of the professional</li> </ul> </li> </ol>	L1305		



State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012699	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/22/2018
NAME OF PROVIDER OR SUPPLIER  BHC FAIRFAX HOSPITAL NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE  916 PACIFIC AVE FL 7 EVERETT, WA 98201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1305	<p>Continued From page 6</p> <p>staff's signature.</p> <p>d. The patient rights acknowledgement was documented without a date of the professional staff's signature.</p> <p>3. On 06/21/18 at 09:30 AM, Surveyor #8 reviewed the record for Patient #804, a 34 year. old admitted with bipolar depression and anxiety. Surveyor #8 noted the following:</p> <p>a. The notice of patient rights was without a date of the professional staff's signature.</p> <p>b. The acknowledgement of insurance benefits was without a date of the professional staff's signature.</p> <p>c. The advance directives were without a date of the professional staff's signature.</p> <p>d. The involuntary patient rights were without a date of the professional staff's signature.</p> <p>e. The crisis plan was without a date of the professional staff's signature.</p> <p>f. The form #011 was without a date of the professional staff's signature.</p> <p>g. The admission completion checklist was without a date of the professional staff's signature.</p> <p>h. The psychosocial assessment was without a date of the professional staff's signature.</p> <p>i. Two psychological progress notes were found without dates of the professional staff's signatures.</p>	L1305		

State Form 2567

STATE FORM

6229

KMTP11

If continuation sheet 7 of 13



**State of Washington**

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012699	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/22/2018
<b>NAME OF PROVIDER OR SUPPLIER</b>  BHC FAIRFAX HOSPITAL NORTH		<b>STREET ADDRESS, CITY, STATE, ZIP CODE</b>  916 PACIFIC AVE Fl 7 EVERETT, WA 98201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1305	<p>Continued From page 7</p> <p>j. Two addendum progress notes were without the dates of the professional staff's signatures.</p> <p>k. The initial medication consent-general psych was without a date of the professional staff's signature.</p>	L1305		
L1310	<p>322-200.4B RECORDS-TIME OF DAY</p> <p>WAC 246-322-200 Clinical Records. (4) The licensee shall ensure each entry includes: (b) Time of day; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on record review and review of hospital policies and procedures, the hospital failed to ensure that the medical records contained timed entries for 2 of the 4 records reviewed (Patients #802, #804).</p> <p>Failure to develop and maintain medical record entries that are timed risks misinterpretation of information.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Review of the hospital's policy titled, "Charting Requirements," Policy #1000.87, revised 5/18, showed that the charting procedure for each chart note is to be signed, dated, and timed.</li> <li>2. On 06/21/18 at 09:00 AM, Surveyor #8 reviewed the record for Patient #802, a 45 year old admitted 06/14/18 for schizoaffective disorder and symptoms of psychotic episodes. Surveyor #8 noted the following:</li> </ol>	L1310		

State Form 2567  
STATE FORM

609

KMTP11

If continuation sheet 8 of 13



**State of Washington**

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012699</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/22/2018</b>
<b>NAME OF PROVIDER OR SUPPLIER</b>  <b>BHC FAIRFAX HOSPITAL NORTH</b>		<b>STREET ADDRESS, CITY, STATE, ZIP CODE</b>  <b>916 PACIFIC AVE FL 7 EVERETT, WA 98201</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1310	<p><b>Continued From page 8</b></p> <p>a. Two Progress notes were present without the time of the professional staff's signature.</p> <p>b. The Initial medication consent-general psych was noted without the time of the professional staff's signature.</p> <p>c. The notice of patient rights was noted without the time of the professional staff's signature.</p> <p>d. The advance directives were noted without the time of the professional staff's signature.</p> <p>e. The notice of privacy practices was signed without the time of the professional staff's signature.</p> <p>3. On 06/21/18 at 09:15 AM, Surveyor #8 reviewed the record for Patient #804, a 34 year old admitted with bipolar depression and anxiety. Surveyor #8 noted the following:</p> <p>a. The notice of patient rights was noted without the time of the professional staff's signature.</p> <p>b. The acknowledgement of insurance benefits was noted without the time of the professional staff's signature.</p> <p>c. The advance directives were noted without the time of the professional staff's signature.</p> <p>d. The discharge form #011 did not include the time of day.</p> <p>e. The admission completion list did not include the time of day.</p> <p>f. Four entries on the psychosocial assessment did not include the time of day.</p>	L1310		

State Form 2567

STATE FORM

0000

KMTP11

If continuation sheet 8 of 13



**State of Washington**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012699	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/22/2018
NAME OF PROVIDER OR SUPPLIER  BHC FAIRFAX HOSPITAL NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE  916 PACIFIC AVE FL 7 EVERETT, WA 98201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1310	<p>Continued From page 9</p> <p>g. Physician's progress note, identified as page 1 of 2, did not include the time of day.</p> <p>h. The addendum progress report did not include the time of day.</p> <p>i. The Initial medication consent-general psych was noted without the time of day.</p>	L1310		
L1315	<p>322-200.4C RECORDS-AUTHENTICATION</p> <p>WAC 246-322-200 Clinical Records. (4) The licensee shall ensure each entry includes: (c) Authentication by the individual making the entry; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on the medical record review and review of hospital policies and procedures, the hospital failed to ensure that the medical records contained authenticated entries for 2 of 4 records reviewed (Patient #802, #804).</p> <p>Failure to develop and maintain medical record entries that were authenticated risks misinterpretation of the information and potential delays in patient care.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Review of the hospital's policy titled, "Charting Requirements," Policy #1000.87, revised 5/18, showed that the charting procedure for each chart note is to be signed, dated, and timed.</li> <li>2. On 06/21/18 at 09:00 AM, Surveyor #8 reviewed the record for Patient #802, a 45 year</li> </ol>	L1315		

State Form 2567

STATE FORM

0298

KMTP11

If continuation sheet 10 of 13



**State of Washington**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012698	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/22/2018
NAME OF PROVIDER OR SUPPLIER  BHC FAIRFAX HOSPITAL NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE  916 PACIFIC AVE Fl 7 EVERETT, WA 98201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1315	<p><b>Continued From page 10</b></p> <p>old admitted 06/14/18 for schizoaffective disorder and symptoms of psychotic episodes. Surveyor #8 noted the following:</p> <ul style="list-style-type: none"> <li>a. An initial medication consent was unsigned by the author.</li> <li>b. Patient rights form held an incomplete staff signature.</li> <li>c. Statement of patient belongings was without a staff signature.</li> <li>d. Advance directives form was unsigned.</li> <li>e. Two records for restraint and seclusion held incomplete staff signatures.</li> </ul> <p>3. On 06/21/18 at 09:15 AM, Surveyor #8 reviewed the record for Patient #804, a 34 year old admitted with bipolar depression and anxiety. Surveyor #8 noted the following:</p> <ul style="list-style-type: none"> <li>a. The discharge form #011 was not authored.</li> <li>b. The admission completion list was incomplete of the signature of the author.</li> <li>c. Four entries on the psychosocial assessment form were without professional staff signatures as indicated.</li> <li>d. Physician's progress note, identified as page 1 of 2, was without professional staff signature.</li> <li>e. The initial medication consent-general psych was noted without professional staff signature.</li> </ul>	L1315		

**State of Washington**

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012699	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/22/2018
<b>NAME OF PROVIDER OR SUPPLIER</b>  BHC FAIRFAX HOSPITAL NORTH		<b>STREET ADDRESS, CITY, STATE, ZIP CODE</b>  918 PACIFIC AVE F17 EVERETT, WA 98201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1470	Continued From page 11	L1470		
L1470	<p>322-220.1 LAB ACCESS</p> <p>WAC 246-322-220 Laboratory Services. The licensee shall: (1) Provide access to laboratory services to meet emergency and routine needs of patients; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and review of manufacturer information, the hospital failed to ensure laboratory testing supplies did not exceed their designated expiration date.</p> <p>Failure to ensure testing supplies do not exceed their expiration date places patients at risk for inadequate medical treatment due to unreliable test results.</p> <p>Findings included:</p> <p>1. Document review of the product label for UrinCheck HealthScreen-10 Reagent Strips (used for patient urinalysis) provides space to record the date opened and includes the instruction DO NOT USE AFTER 90 DAYS OF BREAKING THE FOIL SEAL.</p> <p>2. On 06/19/18 at 2:30 PM, Surveyor #6 inspected the exam room with the nurse manager (Staff #601). The observation showed that staff failed to mark the date opened on the bottle of UrinCheck HealthScreen-10 reagent test strips.</p> <p>3. At the time of the observation, Surveyor #6 asked Staff #601 about the hospital's expectation for documentation of the open date on products that have a designated shelf life. Staff #601 stated that the date should have been marked on</p>	L1470		

State Form 2567

STATE FORM

0000

KMTP11

If continuation sheet 12 of 13

**State of Washington**

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012699	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/22/2018
<b>NAME OF PROVIDER OR SUPPLIER</b>  <b>BHC FAIRFAX HOSPITAL NORTH</b>		<b>STREET ADDRESS, CITY, STATE, ZIP CODE</b>  <b>916 PACIFIC AVE F17 EVERETT, WA 98201</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1470	Continued From page 12  the bottle.	L1470		

State Form 2567  
STATE FORM

6000

KMTP11

If continuation sheet 13 of 13

